

DSHS 13-677 (02/1996) TRANSLATED

## DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA) **REVIA (NALTREXONE) AUTHORIZATION**

CERTIFIED TREATMENT AGENCY  The certified treatment agency listed above certifies that the patient listed below is 18 years of age or older; alcohol or opiate dependent, with alcohol or opiate dependence as the primary addiction; and has been admitted to publicly funded chemical dependency treatment scheduled to be provided for a minimum of 12 weeks of continuous service.  COUNSELOR'S SIGNATURE  PATIENT SECTION TO BE COMPLETED BY THE COUNSELOR'S NAME  PATIENT NAME  PATIENT SECTION TO BE COMPLETED BY THE COUNSELOR'S NAME  PATIENT NAME  PATIENT AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION (TO SE COMPLETED BY PATIENT)  I,	AGEN	ICY SECTION (TO BE COMPLETED BY THE	COUNSELOR)		
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See back of form for prohibition on redisclosure of information concerning the patient or information on this form.

## PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING A PATIENT IN ALCOHOL OR DRUG ABUSE TREATMENT

This notice accompanies a disclosure of information concerning a patient in alcohol/drug abuse treatment, made to you with the consent of such patient. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.